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**APR 15 2005**

## TELECOPIER TRANSMITTAL FORM

**DATE:** April 15, 2005  
**TO:** Examiner Brian J. Detwiler  
**FIRM:** USPTO, Group Art Unit 2173  
**FAX #:** (703) 872-9306  
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**FROM:** Jon A. Gibbons

**FACSIMILE 1 OF 4  
TOTAL NUMBER OF PAGES: 15  
(INCLUDING THIS PAGE)**

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**DUE TO THE LARGE NUMBER OF PAGES, THIS DOCUMENT IS BEING  
TRANSMITTED IN 4 SEPARATE FACSIMILE TRANSMISSIONS**

**MESSAGE:**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant(s):** Sara Elo DEAN et al.

**Serial No.:** 09/748,716

**For:** *METHOD AND APPARATUS TO DYNAMICALLY CREATE A CUSTOMIZED  
USER INTERFACE BASED ON A DOCUMENT TYPE DEFINITION*

**Enclosed are the following:**

Transmittal letter (1 pg.); Response (4 pgs.); 37 CFR Affidavit with Exhibits A-J (113 pgs).

**Docket No.:** POU920000205US1

**140-A00-009**

**April 15, 2005**

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of : Atty. Docket No. POU920000205US1  
 Sara ELO DEAN, et al. : Group Art Unit: 2173  
 Serial No. 09/748,716 : Examiner: Brian J. Detwiler  
 Filed: December 22, 2000 : Confirmation No. 5358  
 For: METHOD AND APPARATUS TO DYNAMICALLY CREATE A CUSTOMIZED USER  
 INTERFACE BASED ON A DOCUMENT TYPE DEFINITION

TRANSMITTAL**MAIL STOP AF**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application, and the following:

☒ 1.131 Affidavit w/supporting documentation

☒ No additional filing fee is required.

The fee has been calculated as shown below. *(Small entity fees indicated in parentheses.)*

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Extra Claims	(6) Rate	(7) Fee
Total Claims <i>(Small Entity)</i>	4	-	39	0	50.00 <i>(25.00)</i>	0
Independent claims <i>(Small Entity)</i>	4	-	39	0	200.00 <i>(100.00)</i>	0
Multiple Dependent <i>(Small Entity)</i>	0	-	0	0	360.00 <i>(180.00)</i>	0
Extension of Time Fee <i>(Small Entity)</i>	One Month \$120 <i>(\$60)</i>		Two Months \$450 <i>(\$225)</i>	Three Months \$1020 <i>(\$510)</i>		0
Total						\$0.00

☒ The Commissioner is hereby authorized to charge any required fees to Deposit Account No. 09-0463.

Respectfully submitted,

Date: 4/15/05By: 

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